

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

blicant:

Klaus Sommermeyer

Application No.: 10/542,944

Group:

1623

371(c) Filing Date: September 27, 2005

Examiner:

**Everett White** 

Confirmation No.: 2584

For:

CARBONIC ACID DIESTERS, METHODS FOR THE PRODUCTION

THEREOF AND METHODS FOR THE PRODUCTION OF

PHARMACEUTICAL ACTIVE SUBSTANCES COUPLED TO FREE AMINO GROUPS WITH POLYSACCHARIDE OR POLYSACCHARIDE

**DERIVATIVES** 

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent

and Trademark Office on:

Typed or printed name of person signing certificate

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

冈 Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

# The claims fee has been calculated as shown below:

					SMA	LL ENTITY	such .		ER THAN LL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSL PAID FOR	Y EXTRA	RATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE	
TOTAL	19	MINUS	* 30		x \$	25 \$		X 50	\$	
INDEP	1	MINUS	** 3		X \$1	05 \$		X \$210	\$	
☐ FIF	RST PRESENTATI	ON OF MU	JLTIPLE DEP.	CLAIM	+ \$1	85 \$		+ \$370	\$	
			* not fewer		TOTAL	= \$ 0	<b>⊒</b>	TOTAL =	\$ 0	

# The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

Actual Sheets		No. of Additional	SMALI	ENTITY		ER THAN L ENTITY	Payment
(Including current amendment)	Sheets Paid For (At least 100)	Units Required (Increments of 50 sheets)	Rate	Total Amount Owed	Rate	Total Amount Owed	Sufficient for up to
19	100		X \$130	\$[ ]	X \$260	\$[ ]	19 Sheets

## **Petition for Extension of Time**

$\boxtimes$	Applicant hereby petitions to extend the time to respond to the Restriction Requirement dated April 22, 2008 for 2 month(s) from May 22, 2008 to July 22, 2008. The appropriate fee is set forth below.
	[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please ch	arge Deposit Account No. 08-038	80 for the following fees:		
	Petition for [ ] month Extension	on of Time	\$	
	Claims Fee		\$	
	Application Size Fee		\$	
	Other Fees:			
			\$	
			\$	
		TOTAL	.: \$	
A check i	s enclosed in payment of the follo	owing fees:		
$\boxtimes$	Petition for 2 month Extension o	f Time	\$	230
	Claims Fee		\$	
	Application Size Fee		\$	
	Other Fees:			
			\$	
			\$	
	The state of the s	TOTAL	: \$	230
		oredit any overpayment in the fees that or 08-0380. If this submission is in punting purposes.		
		Respectfully submitted,		
		HAMILTON, BROOK, SMITH & R	EYNO	LDS, P.C.
			11	
		By Mexeuder All	lives	12
		Alexander Akhiezer		
		Registration No.: 54,617 Telephone (978) 341-0036		
		Facsimile (978) 341-0136		
~	1.14			

Concord, Massachusetts 01742-9133 Dated: 7/20/08



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enclosed.									

## The claims fee has been calculated as shown below:

						SMALL ENTITY			OTHER THAN SMALL ENTITY		
	· CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE	
TOTAL	19	MINUS	* . 30		х	\$ 25	\$		X 50	\$	
INDEP	1	MINUS	** 3		x	\$105	\$		X \$210	\$	
☐ FIF	RST PRESENTATI	ON OF MU	JLTIPLE DEP. CL	AIM	+	\$185	\$		+ \$370	\$	
☐ FII	RST PRESENTATI	ON OF MU	* not fewer th	an 20		\$185 TAL =	\$		+ \$370 TOTAL =	\$	

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
19	100	

SMALI	ENTITY
Rate	Total Amount Owed
X \$130	<b>\$</b> [ ]

	R THAN ENTITY
Rate	Total Amount Owed
X \$260	<b>\$</b> [ ]

Payment Sufficient for up to	
19 Sheets	

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	Petition for [ ] month Extension of	Time	\$	
	Claims Fee		\$	
	Application Size Fee		\$	
	Other Fees:		•	
	·		\$	
			- \$	
		TOTAL:	\$	
	•			
A check	is enclosed in payment of the following	ng fees:		
$\boxtimes$	Petition for 2 month Extension of Tir	ne	\$	230
	Claims Fee		\$	
	Application Size Fee		\$	* * *
	Other Fees:		-	
			\$	
	· ·		_	
	****	TOTAL:	\$	230
$\boxtimes$	Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.			
	Res	spectfully submitted,		
	By_ Ale Reg	MILTON, BROOK, SMITH & REY  Mexeucle All  xander Akhiezer gistration No.: 54,617 ephone (978) 341-0036	YNOI Y	LDS, P.C.
	Fac	simile (978) 341-0136		
Cono	ard Massachusetts 01742 0133			

Dated:  $\sqrt{\frac{22}{9}}$